



STUDENT HOUSING PREFERENCE CONFIRMATION

Antonelli Institute is pleased to provide residence facilities for our students by contracting with local apartment complexes. The furnished apartments are a short commute from campus and are accessible by public transportation. All units are smoke free. We can only provide residence facilities for students willing to make a commitment for the entire academic year (Fall Semester and Spring Semester).

Availability is limited based on the number of units under contract. **In order to be considered for housing, it is essential that we know your plans for the upcoming year by May 1 in order for us to attempt to arrange adequate housing.** While we will attempt to secure housing for all interested students, we cannot guarantee housing. Preference is based upon availability, the date you make your deposit, the date you complete and return all necessary paperwork and the date you establish a finalized financial plan.

A \$375 fee is required for all students seeking living accommodations in the residence facilities along with the following executed forms: Residence Facilities Agreement, Student Housing Preference Confirmation, Residence Facilities Rules and Regulations, Emergency Contact Form, Meningitis Form, Occupant Application (Corporate Lease), which includes the Consent to Consumer Report and Background Check, and Smoke Free Addendum.

Should demand exceed availability, the student will be placed on a waiting list. We will attempt to arrange additional housing from the apartment complex. The student will be notified if housing is arranged.

After May 1 the deposit is non refundable unless you are not accepted or we are unable to provide you housing.

Student Name (Please Print) Signature Date

Parent(s) Name(s) (if student is not 18 years old) Signature(s) (if student is not 18 years old) Date

Housing Plans: I plan to live:

_____ In the residence facilities _____ With parents or relative and commute

_____ Off campus at: _____ with: _____
Address Name

City, St, Zip Name

If living in the residence facilities please complete the following:

If possible, I would like to live with:

1: _____ 2: _____ 3: _____
(To be considered, all roommates must request each other.)

I am: ___ Neat ___ Moderately Neat ___ Moderately Messy ___ Messy

I am a: ___ Nonsmoker ___ Smoker (All units are SMOKE FREE.)

I am: ___ Quiet ___ Moderately Quiet ___ Moderately Noisy ___ Noisy
(All units require quiet after 10:00pm.)

Please provide us with any other important information we need to know including chronic medical conditions such as asthma, allergies or diabetes: